

Walking in the Dark: One Agency's Shift to Integrated Care

Mary Specio-Boyer LMSW, LISAC, ADS
COPE Community Services, Inc.
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“Walking with a friend
in the dark
is better than walking
alone in the light.”

- Helen Keller

COPE Community Services, Inc.

- Located in Tucson, Arizona (Pima County)
- Over 35 years experience as a behavioral health service provider
- Currently over 5,000 clients annually; TXIX, Non-TXIX, SAPT
- Populations served include those living with: Serious Mental Illness, challenges with Substance Abuse, and General Mental Health concerns
- Has run several state and federal grant-funded programs awarded by SAMHSA, HRSA, HUD
- Medicaid/Medicare provider

COPE's Clinic Today

- A 700 square foot, two-room, licensed medical clinic space located within a case management site (Reverse Integration)
- Staffed by a Family Nurse Practitioner and a Medical Assistant with a consulting Physician
- Delivers a basic medical/health promotion service package, on-site behavioral health services, and referrals to specialty care
- Electronic health records are separated between medical and behavioral care (due to licensure requirements);
- Some funding source contracts for medical care are in place for existing behavioral health clients and will be expanded to the community at large as integration moves forward
- In the future, medical clinics will be opened at each case management site
- COPE published a Tips and Tools booklet about the process of opening the pilot site. The tools are not included in this presentation.
- Copies of COPE's booklet may be requested by emailing: communications@copecommunityservices.org

How the Integration Process Started

- In 2009, as the national health care conversation turned more acutely toward reform, COPE's Board of Directors and Executive Management began to explore options for pursuing sustainability measures based on COPE's client needs, the agency mission, and COPE's record of achievements
- In Arizona, Emergency Department visits for schizophrenia and bi-polar disorder quadrupled between 2003 and 2009, the rate for anxiety disorders increased almost four-fold, and the rate for depression-related neuroses tripled (Arizona Behavioral Health Epi Profile, 2011)
- Whole health care makes sense for those COPE serves

In the Beginning...

- COPE's Board of Directors and Executive Management had a discussion on the Affordable Care Act
- Recasting COPE's Strategic Plan began in 2010 with a goal of providing integrated care services
- A review of models and funding streams allowed for the development of a new Strategic Plan
- Initiation of action began promptly and included an application for a HRSA Planning Grant, completion of an ARRA certification for COPE's proprietary electronic health record, and restructuring of the service delivery system

COPE's Guiding Principles

- The ability of health care providers to improve care and thereby improve health status will reduce costs
- Improving care includes increasing access to services, treating the whole person, having an informed integrated health record, and providing accurate diagnostics
- Medical cost offsets can be effectively achieved through accessible person-centered behavioral health treatment (Cummings, Dorken, Pallak, and Henke, 1990)
- Treatment can be provided efficiently in a setting that offers comprehensive whole health services, such as an integrated care clinic (Peikes, Dale; Lundquist, Geneviro; Meyers D., 2011)

Partnerships, Collaboration, and Co-Location

- Initially, in 2011 a partnership was initiated with a locally-owned health clinic; an added value of this partnership was services were available for COPE clients' children and family members
- Medical staff hired
- Small retail pharmacy opened at integrated care site
- These partnerships offer a foundation for COPE to continue building the integration of behavioral and medical services

The Groundwork

- COPE administered several client surveys and completed a community needs assessment to define the most salient physical and mental health issues facing the patient population
- A HRSA Planning Grant was awarded to COPE in 2011 which provides the framework to implement changes in infrastructure and service systems
- Funding source contracting expansion to phase in primary care services (current status):
Phase I: Contracts negotiated with AHCCCS Health Plans utilized by existing COPE behavioral health clients; Phase II: Contracts currently being negotiated with Medicare Advantage Plans; and Phase III: Within six months, agreements will be negotiated with commercial carriers

Strategic Plan Elements

- In order to care for clients in a whole health model and meet the increasingly rigorous demands of the health care marketplace, COPE prioritized expansion of its HIMS electronic health record services, pursued diversification of funding sources, and developed an integrated care clinic for mental health and primary care services (Health Home)
- *Reverse Integration*, or the placing of primary medical services into a behavioral health clinic, is not a well-documented course of action but was most suitable to meeting the goals of the Strategic Plan

Clinical Approach

- COPE's integrated care clinic is defined by the Four-Quadrant Model of Integrated Care to reflect the best practice models of the Milbank Memorial Foundation's May 2010 recommendations
- The Four-Quadrant Model assesses client needs for services based on the complexity of their physical and behavioral health status – COPE provides primary care, health education, and behavioral health services coordinated on site
- The Arizona Department of Health Services (ADHS)/ Division of Behavioral Health Services (DBHS) has been a significant support in providing up-to-date integration information for community health care providers

HIMS Electronic Health Record

- The Health Information Management System (HIMS) software has been developed over the last 10 years and provides comprehensive software solutions specializing in internal and external reporting and client-centered Electronic Health Records (EHR)
- The HIMS EHR is certified to meet appropriate standards for interoperability, security, and clinical functionality; HIMS provides comprehensive practice management solutions, specializing in internal/external reporting, client-centric EHR, and pharmacy tracking
- HIMS is a secure web-based electronic health record portal accessible at the point of direct care; HIMS provides secure data exchange with state, pharmacy, and laboratory entities and reports utilization and measureable outcomes in “real time;” HIMS complies with all Federal, HIPAA, and state regulatory standards; in November 2011, HIMS was certified for ARRA stage 1 Meaningful Use
- IN 2011, the EHR was expanded to include billing and claims processing services for primary care

Barriers to Implementation

- Licensure rules have not yet been completed (2013) for integrated systems, so clinics are required to be separate – this means the floor plan and medical records specifically. It is “Integrated-Segregated” until the rule changes occur
- There is a provider shortage and many do not wish to work with the population we serve. How the position is structured and advertised makes a difference in whether we have applicants. U of A just opened a FNP/MHNP program in the School of Nursing – we are hopeful this will lead to more workforce innovations.
- Who can bill, when and how they bill – all this matters, and it is different for each funding source
- Codes, billing, and claims processing continue to be a challenge

Barriers...(cont'd.)

- Quality management and utilization indicators require specific attention for measuring outcomes in a uniform data set
- Medical and behavioral health professionals speak different languages and both require training on integration of care
- Credentialing process is lengthy and cumbersome
- The phases of clinic development must be completed simultaneously
- In Pima County, the Arizona Medical Society states primary care physicians comprise just 16% of the county's active physician work force
- Without sufficient primary care doctors in the area, patients report that they experience trouble accessing doctors and are forced to rely more on emergency rooms and urgent care facilities
- Reverse integration is very uncommon and there is a lack of literature on integrated care implementation in the industry's knowledge base

Lessons Learned

- It is necessary to have a solid team (i.e., medical, administrative, support, etc.) and assign coordination of implementation to one member who can maintain communication and provide resources
- Must have consensus on what EHR and claims processing systems will be utilized and start the integration process there; this is where coordination of care really comes together
- Create relationships that support the integration process (i.e., licensure representatives, other agencies or providers, funding source contacts)
- Know you are navigating uncharted territory and be prepared to adapt as needed

More Lessons

- Identify organizations and individuals needed for integration, such as pharmacies, labs, and specialists, and get to know them
- Stage the implementation and complete each segment; don't rush ahead; be sure the service delivery systems work for the clients and organization
- Be flexible

Still Learning

- Equip the clinic with durable medical equipment and select billing codes most commonly utilized; Healthcare Common Procedure Coding System (HCPCS) offers a foundation for coding and billing/claims systems
- Obtain a “super bill” and an equipment list from an existing medical provider as a starting point
- Run the clinic as a pilot for a few months in order to work out system glitches
- Have multiple meetings and keep everyone involved

Framework – Five Areas of Focus

- **Funding:**
 - Diversification of funds
 - Codes/billing /claims
- **Administration:**
 - Consolidation/decentralization of responsibilities/functions
 - Needs assessment/allocation chain
 - Joint purchasing
- **Organizational:**
 - Co-location of services
 - Inter-agency planning and/or budgeting
 - Service affiliation and contracting
 - Jointly managed programs or services
 - Strategic alliances or care networks
- **Service Delivery:**
 - Joint training
 - Centralized information, referral and intake
 - Case/care management
 - Multidisciplinary/interdisciplinary teamwork
 - Around-the-clock (on-call) coverage
 - Integrated information systems
- **Clinical:**
 - Standard diagnostic criteria (e.g. , DSM IV)
 - Uniform, comprehensive assessment procedures
 - Joint care planning
 - Shared clinical record(s)
 - Continuous patient monitoring
 - Common decision support tools (i.e. , practice guidelines and protocols)
 - Regular patient/family contact and ongoing support

Ten Things to Consider

- Know your history and position yourself for success
- Commit the organization to integrated care
- Be mindful of how the development and implementation of the integration is funded and what the initial investment will be
- Develop buy-in from the community
- Have a plan with a timeline, milestones, and pro forma budget
- Define the service array to be offered and referral resources
- Select therapeutic philosophies that work well with patients
- Communication is key
- Promote the clinic
- Stick to the mission

Resources on the Web

The websites listed below contain resources to support transformation of a system of care. Even though a good deal of this information is not specific to reverse integration, many current best practices are included that could be modified.

- <http://www.milbank.org/reports/10430EvolvingCare/10430EvolvingCare.html>
- http://www.chcs.org/usr_doc/Guidance_Doc_Health_Homes_Consultation_Process%5b1%5d.pdf
- <http://www.ncbi.nlm.nih.gov/books/NBK38636/#B151210>
- http://info.xfactorllc.com/nonprofit_marketing_sustainability_board_governance/bid/45278/Avoiding-and-Correcting-Nonprofit-Mission-Drift
- http://www.acponline.org/clinical_information/journals_publications/ecp/marapro2/trask.htm
- <http://www.integration.samhsa.gov>
- http://www.icarenc.org/index.php?option=com_content&task=view&id=305&Itemid=142
- <http://www.thenationalcouncil.org/galleries/resources-services%20files/Integration%20and%20Healthcare%20Home.pdf>
- <http://bphc.hrsa.gov/technicalassistance/taresources/index.html>
- <http://www.nachc.com/default.cfm>

For More Information

- **Technical Assistance:** For consulting services regarding integration, systems development, and marketing, email communications@copecommunityservices.org. Consulting services are fee-based and specific to individual requests
- **For a copy of COPE's Tips and Tools Booklet:** email communications@copecommunityservices.org.
- **Health Information Management Systems:** For information on Health Management System, the electronic health record COPE utilizes, contact Khalid Al-Maskari at (520)792-3293.



Thank You!

Mary Specio-Boyer LMSW, LISAC, ADS
Director of Community Health
COPE Community Services, Inc.
82 S. Stone Avenue
Tucson, AZ 85701
Phone 520-792-3293
Fax 520-792-4336
mspecioboyer@copecommunityservices.org